



University of Fort Hare
Together in Excellence
UNIVERSITY OF FORT HARE

PGD IN THE CLINICAL MANAGEMENT OF HIV/AIDS

EXAM PAPER
November, 2019

Time: 2 Hours

Subject: HIV in women, including gynaecologic problems and pregnancy

Code: NWP 400E

Marks: Section 1 = 40 marks, Section 2 = 30 marks **TOTAL = 70**

This paper consists of 6 pages including the cover page

Internal Examiners:

Mrs. H. Bunt - UFH

External Examiners:

Dr. J. Taljaard - Stellenbosch University

INSTRUCTIONS

- You are expected to answer all questions.
- In Section 1, one mark is allocated per multiple choice questions.
- Answer all multiple choice questions on THIS QUESTION paper.

- In Section 2, one mark is allocated per answer or fact.
- Answer Section 2 in the examination script provided.

SECTION 1

Match the following words or phrases in column 1 with the best choice in accordance with the RSA guidelines in column 2. Those in column 2 may be used more than once.

(1 mark per answer)

(10 marks)

COLUMN 1	ANSWER	COLUMN 2
E.G. New ARV that makes up current first line triple therapy with Tenofovir and Lamivudine	E	If you choose Dolutegravir
1. ARV's that contribute to hyperglycaemia during pregnancy		a. Efavirenz
2. A pregnant woman with a CD4 over 400copies/ml is at high risk for severe side effects if given		b. Alluvia
3. Tuli is ARV naïve, newly diagnosed with HIV and pregnant, if all her screening is normal, she should start on a triple therapy containing		c. AZT
4. On diagnosis of HIV, a pregnant woman with $\geq 2+$ proteinuria on urine dipstix should be given		d. Nevirapine
5. If a pregnant woman has a history of active mental illness she should avoid		e. Dolutegravir
6. A new-born whose mother has a viral load of 50 copies/ml at delivery should be given		
7. Dolutegravir replaces this ARV from the old first regime		
8. Sindi's viral load was 10 000c/ml at birth her baby should get six weeks of		
9. If the status of a mother is unknown, the infant should immediately be given		
10. If a woman is severely anaemic she should not be given		

Choose the best possible answer for each question and circle it on this question paper.

(1 mark per answer)

(10 marks)

11. An HIV positive pregnant woman is diagnosed with TB
 - a. if she is on dolutegravir the dose should be halved
 - b. if she is on dolutegravir or alluvia the dose should be doubled
 - c. if she is on alluvia the dose of TB treatment should be doubled
 - d. if she is on AZT the dose should be doubled

12. Busisiwe was on ART (TEE) last year but discontinued a few months ago. She now returns to your clinic pregnant and wants to start ART. You should
 - a. test viral load before starting ART, then after 3 months and if suppressed repeat at delivery
 - b. check previous viral load results, if LDL start her on TLD, take viral load in three months
 - c. re-start Ethel on the ART (TEE), repeat viral load in one month
 - d. start her of TLD, test viral load every three months, if not suppressed then in one month

13. Sindiswa tests HIV positive when she comes to find out if she is pregnant. You should monitor her viral load
 - a. after 3 months on ART, if suppressed repeat at delivery
 - b. every three months, if not suppressed then in one month
 - c. at first ANC visit, if suppressed repeat at delivery
 - d. before starting ART and repeat in one month, if suppressed repeat at delivery

14. Anne has been on ART (TEE) for 4 years had a viral load 1 month ago, is now 3 months pregnant. You should monitor her viral load
- after 3 months on ART, if suppressed repeat at delivery
 - every three months, if not suppressed then in one month
 - at first ANC visit, if suppressed repeat at delivery
 - before starting ART and repeat in one month, if suppressed repeat at delivery
15. Ethel was on ART (TEE) last year but discontinued. She now returns to your clinic pregnant and wants to start ART. You should
- test viral load after 3 months on ART, if suppressed repeat at delivery
 - re-start Ethel on the ART (TEE), repeat viral load in one month
 - start her on TLD, test viral load every three months, if not suppressed then in one month
 - check previous viral load results, if none or results are >1000 copies start AZT/3TC/DTG and repeat in three months
16. During pregnancy and post-partum care an HIV test should be offered for all HIV negative mothers
- When she discovers she is pregnant and at birth
 - Every 6 months
 - When she discovers she is pregnant, then 3 monthly until the EPI visit at 6 weeks
 - Every month while pregnant, at delivery, at 10 week visit and 3 monthly during breast feeding
17. Human Papilloma Virus (HPV) is known to cause
- Genital warts and ulcers
 - Cervical cancer and genital warts
 - Cervical cancer and genital ulcerations
 - Ovarian cancer and ulcers
18. Human Papilloma Virus (HPV) can be prevented by
- Abstinence, being faithful and condomising
 - Gardasil vaccination before the girl turns 15 years old
 - Abstinence or vaccination with Gardasil before sexual debut
 - Cervarix and Gardasil vaccination before age 12
19. Which of these causes the highest maternal mortality during pregnancy in South Africa?
- HIV, anemia and meningitis
 - Hypertension, TB
 - Hemorrhage, hypertension and HIV
 - Hemorrhage, anemia and hypertension
20. Which of these causes the highest maternal mortality of HIV positive pregnant women in South Africa?
- TB, pneumonia and pneumocystis pneumonia
 - Meningitis and TB
 - Kaposi sarcoma, TB and meningitis
 - Meningitis and PCP

Match the following words or phrases in column 1 with the best choice in accordance with current South African national policy in column 2. Those in column 2 may be used more than once.

(1 mark per answer)

(10 marks)

COLUMN 1	ANSWER	COLUMN 2
21. Princess is 15 years old, HIV positive Pap result reads "Pre-malignant cells identified ASC-US"		a. Repeat Pap smear in 6 weeks
22. Susan is 15 years old, HIV positive Pap result reads "Pre-malignant cells identified ASC-H"		b. Repeat Pap smear in 6 months
23. Margret is 65 years old, HIV positive Pap result reads "Pre-malignant cells identified (AGC)"		c. Repeat Pap smear in 36 months
24. Wandisa is 19 years old, HIV positive Pap result reads "Endocervical component absent"		d. Refer for colposcopy
25. Ndipa is 20 years old, HIV negative Pap result reads "Pre-malignant cells identified ASC-H"		e. Refer to Gynaecology Outpatient Department for further treatment
26. Anna is 31 years old, HIV positive Pap result reads "No pre-malignant cells identified"		
27. Winnie is 55 years old, HIV positive Pap result reads "Malignant cells identified"		
28. Cathy is 26 and HIV positive. She just had a second pap result of LSIL in two consecutive years		
29. Ethel is 61 years old, HIV positive Pap result reads "Non-malignant cells identified"		
30. Beth is 33 years old, HIV negative, her pap smear results reads "HSIL"		

Fill in the gaps giving the prophylaxis and rationale for each case (10 Marks).

Eg Suzy has a viral load of 1000c/ml when she delivers. Suzy wants to breast feed so her infant should be given NVP (½ mark) and AZT daily (½ mark) for twelve weeks (½ mark) because this HIV exposed infant is high risk (½ mark).

31. Betty is diagnosed with HIV at 37 weeks pregnant. Betty is not going to breast feed her infant when (s)he is born. This infant should be given _____ because this HIV exposed infant is _____. (1½ marks)

32. Thobeka's viral load is 1100c/ml at the birth of her baby. She wants to breast feed her baby. Thobeka's infant should receive _____ because this HIV exposed infant is _____. (2½ marks)

33. Nomsa has a viral load of 140c/ml at the birth of her baby and wants to breast feed her baby. Nomsa's infant should receive _____ because this HIV exposed infant is _____. (1½ marks)
34. At 24 weeks pregnant, Maria's viral load was undetectable but she has no result since then and delivered at home. Maria's infant should receive _____ because this HIV exposed infant is presumed to be _____ until _____. (2 marks)
35. Suzy's viral load was 150c/ml at 12 weeks postpartum. She has been breastfeeding her infant and faithfully giving him his Nevirapine every day. This infant should _____ because _____. Suzy's viral load should be done again in _____. (2½ marks)

Total marks Section 1 = 40

SECTION 2

Answer all questions according to the mark allocation indicated.

36. Leonie aged 15years comes to your clinic saying she now has a boyfriend and wants your advice.
- Describe the screening and tests you would offer her
(1 mark per answer) (2 mark)
 - Discuss the health education you would give about Implanon under the following headings as a possible contraceptive method for Leonie:
Method and duration of action, failure rates, effect on menstruation and risks.
(1 mark per answer) (4 marks)
37. Lila has a 4month old baby and is breastfeeding. She is diagnosed with HIV today. She was HIV negative at the 6week visit. What will you do to reduce risk to this infant today? Justify your answer.
(1 mark per answer) (6 marks)

Continue for question 38

38. Debbie, a 20year old is an un-booked G1 P0 is admitted at term in labour at a MOU. Her cervix is fully dilated and she deliveries within minutes. The mother and infant (weighing 2.8kg) appear to be healthy. Both the initial and repeat rapid HIV tests done on the mother following the delivery are positive. Describe the management of Debbie and her infant under the following headings:

- a. Management of Debbie in first 24 hours post delivery
(1 mark per answer) (5 marks)

- b. Management of Debbie's baby with regard to prophylaxis, testing, and treatment
(1 mark per answer) (5 marks)

- c. Advice about feeding options for Debbie and her baby if baby is HIV positive
(1 mark per answer) (2 marks)

- d. What advice would you give Debbie if her infant were HIV negative
(1 mark per answer) (6 marks)

Total Marks for Section 2 = 30

TOTAL MARKS 40 + 30 = 70

END OF EXAM